

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD AND SYSTEM FOR DECOMPOSITION OF MULTIPLE CHANNEL SIGNALS
Attorney Docket Number::	CHERNOGUZ1A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity

Given Name:: Naum  
Middle Name::  
Family Name:: CHERNOGUZ  
Name Suffix::  
City of Residence:: Nahariya  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: Haganah Street 2  
City of Mailing Address:: Nahariya  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 22300  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity

Given Name:: Yevgeni  
Middle Name::  
Family Name:: SEIDER  
Name Suffix::  
City of Residence:: Rehovot  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: Kovshei HaHermon Street 3/5  
City of Mailing Address:: Rehovot  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 76555

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application:: Continuity Type:: Parent Parent Filing

		Application::	Date::
This Application	Appln claiming benefit under 35 USC 119(e)	60/401,349	08/07/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
-----------	----------------------	---------------	--------------------

**Assignment Information**

Assignee Name::	ORSENSE LTD
Street of Mailing Address::	2 Prof. Bergman Street
City of Mailing Address::	Rehovot
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	76705